Reply to:
Current DMOAD options for the treatment of osteoarthritis

Sirs,

We appreciate the letter from Dr Yeap and the opportunity to respond. As clearly stated in our review the focus was on describing “the state of the field for disease-modifying pharmacologic agents that are in late-stage development-specifically phase 2/3”. As neither of the agents you mention fall into that category, it was not appropriate to include them in the review.

Neither of the agents highlighted by Dr Yeap, glucosamine and strontium ranelate, have been approved for disease modification in osteoarthritis (OA). If Dr Yeap feels inclined to use these agents in her patients, hopefully she does so with appropriate clinical judgement cognisant of some of the reasons why regulators have not approved either agent for this indication.

The most commonly used complementary medicine in knee OA is glucosamine. In randomised control trials, glucosamine has a similar effect to placebo on pain, with industry independent trials showing smaller effects than commercially funded ones (1, 2). The GAIT study, which is an NIH-funded RCT demonstrated that glucosamine was not significantly better than placebo in reducing knee pain by 20% (3). Our own recent meta-analysis demonstrated that symptom benefits from glucosamine were not of a clinically meaningful magnitude (4). Evidence for a possible structure modifying effect remains controversial (5) and most recent guidelines do not advocate for its use in this context (6-9).

We completely agree that the findings of the Servier trial assessing the efficacy of strontium to have a therapeutic effect in OA, the frequency with which cardiovascular contraindications including ischaemic heart disease and hypertension occur in persons with OA and the lack of an approved OA indication from regulatory agencies it does not seem sensible to advocate for the use of strontium in this context.

While there are undoubtedly challenges in getting disease-modifying drugs across the line for regulatory agencies, we don’t think we should expose our patients unnecessarily to harm or mislead them with our clinical advice.

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Competing interests: D. Hunter is on the consultant advisory board for Merck Serono, TLCBio, Pfizer and Lilly;
W.M. Oo has declared no competing interests.

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References